

## HHW Program Survey for Fiscal Year 2007/2008

*Please complete as much of the information as possible. The survey results will be posted on our website in an effort to provide you with a state-wide perspective of HHW program data. Your responses are appreciated.*

<b>Public Agency:</b>		<b>County:</b>																									
<b>Address:</b>		<b>City/Zip:</b>																									
<b>Contact Name:</b>		<b>Title:</b>																									
<b>Phone:</b>		<b>Email:</b>																									
<b>Percentage of Waste collected from:</b>		<b>CESQG %:</b>																									
		<b>CESQG Fee Collected?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
		<b>Household %:</b>																									
<p><b>As a result of the sunset of the February 8, 2006 Universal Waste exemption that created new waste streams, how did your agency pay for the increase in (collection, transportation, disposal, public education) costs?</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><b>Increased tipping fee</b></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><b>Grants through CIWMB</b></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><b>Increased parcel fee</b></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><b>Share costs via retail partnership</b></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><b>General Fund</b></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><b>Not sure</b></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><b>Fee increase on garbage/utility rates</b></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><b>Other (specify below)</b></td> </tr> </table>				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Increased tipping fee</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Grants through CIWMB</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Increased parcel fee</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Share costs via retail partnership</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>General Fund</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Not sure</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Fee increase on garbage/utility rates</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Other (specify below)</b>
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### HHW Program Costs in FY '07/'08

Program / Events	Total Direct Collection Costs (exclude administration, publicity, and other indirect collection costs)	# of Participating Households*
A. Permanent Facility	\$0	
B. Temporary Facility	\$0	
C. Mobile Facility	\$0	
D. Recycle-only Facility	\$0	
E. Door to Door	\$0	
F. Curbside Program	\$0	
G. Load Check	\$0	
H. Other	\$0	
I. Total Disposal / Recycling Costs	\$0	
<b>Total HHW Program Costs (A - I)</b>	<b>\$0</b>	<b>0</b>

\*Total participating households should tie to "Section E. Participation" on Form 303a

Material(s) accepted:

Material	Disposal Cost		
	Cost by Unit Measure	OR	Total Annual Cost
Fluorescent tubes*	/Linear Foot	OR	\$
Single-use batteries	/lbs.	OR	\$
Rechargeable batteries	/lbs.	OR	\$
Sharps	/lbs.	OR	\$
Other		OR	\$

*\*If you break out this material type further (i.e., compact fluorescents vs 4' or 8' tubes), please specify by adding the appropriate lines to the table.*

### RETAIL/OTHER TAKE-BACK PROGRAMS/PARTNERSHIPS

1. Total number of identified programs in service area:					
2. Number of programs where the retailer or other entity funds all collection/disposal activities:					
3. Number of programs where the jurisdiction provides funding to a retailer or other entity for collection/disposal activities:					
a. What % of total funding to all retail/other take-back programs is from:					
1. CIWMB Grants:	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%	
2. Other (see below):	<input type="checkbox"/> 0-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%	
Please provide a list of other funding sources (e.g., General Fund, tipping fees, etc.):					
	a.		d.		
	b.		e.		
	c.		f.		
<p>Thank you for your cooperation and participation. Please return the Survey with Form CIWMB 303a to:</p> <p>Email address: <a href="mailto:Form303@dtsc.ca.gov">Form303@dtsc.ca.gov</a></p> <p>Mailing address: DTSC, HHW Program - Form 303, PO Box 806, Sacramento, CA 95814-0806</p>					